Preliminary Functional Assessment Survey (PFAS)

## Positive Behavioral Support for Children and their Families

Adapted Instructions to FABI team: Consider using the following interview with the student’s teacher. The current recommendation would be to conduct separate interviews with other teachers or paraprofessionals as needed. When conducting the interview with a family member, focus questions 3-22 on the target behavior identified in collaboration with the teacher.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Student |  | Age |  | Sex | M [ ]  F [ ]  |
| Interviewer |  | Date |  |  |  |
| Respondent(s) |  |  |  | Subject |  |

|  |  |  |
| --- | --- | --- |
| **1.** |  | **List and describe behavior(s) of concern.** |
|  | a. |  |
|  | b. |  |
|  | c. |  |
|  | d. |  |
|  | e. |  |
| **2.** |  | **Prioritize these behaviors (which is the most important?)** |
|  | a. |  |
|  | b. |  |
|  | c. |  |
|  | d. |  |
|  | e. |  |
|  |  | **Operational Definition of Target Behavior:** |
|  |  |  |
|  |  |  |
|  |  |  |
| **3.** |  | **What procedures have you followed when the behaviors first occurred?** |
|  | a. |  |
|  | b. |  |
|  | c. |  |
|  | d. |  |
|  | e. |  |
| **4.** |  | **What do you think causes (or motivates) the behavior?** |
|  | a. |  |
|  | b. |  |
|  | c. |  |
|  | d. |  |
|  | e. |  |
| **5.** |  | **When do these behaviors occur?** |
|  | a. |  |
|  | b. |  |
|  | c. |  |
|  | d. |  |
|  | e. |  |
| **6.** |  | **How often do these behaviors occur?** |
|  | a. |  |
|  | b. |  |
|  | c. |  |
|  | d. |  |
|  | e. |  |
| **7.** |  | **How long has this/these behavior(s) been occurring?** |
|  | a. |  |
|  | b. |  |
|  | c. |  |
|  | d. |  |
|  | e. |  |
| **8.** |  | **Is there any circumstance under which the behavior does not occur?** |
|  | a. |  |
|  | b. |  |
|  | c. |  |
|  | d. |  |
|  | e. |  |
| **9.** |  | **Is there any circumstance under which the behavior always occurs?** |
|  | a. |  |
|  | b. |  |
|  | c. |  |
|  | d. |  |
|  | e. |  |
| **10.** |  | **Does the behavior occur more often during certain times of the day?** |
|  | a. |  |
|  | b. |  |
|  | c. |  |
|  | d. |  |
|  | e. |  |
| **11.** |  | **Does the behavior occur in response to the number of people in the immediate environment?** |
|  | a. |  |
|  | b. |  |
|  | c. |  |
|  | d. |  |
|  | e. |  |
| **12.** |  | **Does the behavior occur only with certain people?** |
|  | a. |  |
|  | b. |  |
|  | c. |  |
|  | d. |  |
|  | e. |  |
| **13.** |  | **Does the behavior occur only during certain subjects?** |
|  | a. |  |
|  | b. |  |
|  | c. |  |
|  | d. |  |
|  | e. |  |
| **14.** |  | **Could the behavior be related to any skills deficit?** |
|  | a. |  |
|  | b. |  |
|  | c. |  |
|  | d. |  |
|  | e. |  |
| **15.** |  | **What are the identified reinforcers for this student?** |
|  | a. |  |
|  | b. |  |
|  | c. |  |
|  | d. |  |
|  | e. |  |
| **16.** |  | **Is the student taking any medication that might affect their behavior?** |
|  | a. |  |
|  | b. |  |
|  | c. |  |
|  | d. |  |
|  | e. |  |
| **17.** |  | **Could the student’s behavior be signaling some deprivation condition (e.g. thirst, hunger, lack of rest, etc.)?** |
|  | a. |  |
|  | b. |  |
|  | c. |  |
|  | d. |  |
|  | e. |  |
| **18.** |  | **Could the behavior be the result of any form of discomfort (e.g., headaches, stomachaches, blurred vision, ear infection, etc.)?** |
|  | a. |  |
|  | b. |  |
|  | c. |  |
|  | d. |  |
|  | e. |  |
| **19.** |  | **Could the behavior be caused by allergies (e.g., food, materials in the certain environments, etc.)?** |
|  | a. |  |
|  | b. |  |
|  | c. |  |
|  | d. |  |
|  | e. |  |
| **20.** |  | **Do any other behaviors occur along with this behavior?** |
|  | a. |  |
|  | b. |  |
|  | c. |  |
|  | d. |  |
|  | e. |  |
| **21.** |  | **Are there any observable events that signal the behavior of concern is about to occur?** |
|  | a. |  |
|  | b. |  |
|  | c. |  |
|  | d. |  |
|  | e. |  |
| **22.** |  | **What are the consequences when the behavior(s) occur?** |
|  | a. |  |
|  | b. |  |
|  | c. |  |
|  | d. |  |
|  | e. |  |
|  |  | **Comments:** |
|  |  |  |
|  |  |  |
|  |  |  |
|  | **Time Completed:** |  |
|  | **Total Time:** |  |